

**TESTIMONY TO THE MICHIGAN STATE HOUSE OF REPRESENTATIVES  
HEALTH POLICY COMMITTEE**

May 24, 2017

Dear Representatives,

Thank you for allowing me to speak on behalf of House Bills 4134 and 4135. As for myself, I am the only allergist and pediatric asthma specialist in a 4 county area of Northern Lower Michigan. I am also founder and CEO of the National Board of Clinical Medicine, a national organization dedicated to voluntary board certification. These two aspects of my background make me deeply interested in this legislation.

It is vitally important that these Bills be passed so that patients in our state may receive quality medical care from quality doctors without interference by unregulated outside agencies.

Doctors in Michigan have always been of extremely high quality. The quality of physicians in Michigan is maintained by the Michigan Board of Medicine. Currently, Michigan doctors are required to complete 50 hours of continuing medical education each year in order to maintain their licenses. This has worked very well in maintaining the high quality of physicians we see in our state.

However, in recent years, unregulated private organizations that I believe are masquerading as quality assurance companies have infiltrated the practice of medicine. The largest of these organizations is the American Board of Medical Specialties. They have promoted labels such as Board Certification and now Maintenance of Certification. It should be noted these organizations are not authorized by any State or Federal authority to exist. Nonetheless, they have inserted themselves to the point where fully-licensed physicians in the State of Michigan cannot practice unless they purchase thousands of dollars of products from them. This is because of a false narrative, a form of fake news, that board certification means a doctor is a better doctor. There is no shred of evidence that this is the case. But since insurance companies have been convinced or pressured into this false belief, doctors must sign up for these products. The products have not been shown to be a measure of quality or competence for physicians in Michigan. A Mayo Clinic survey found that only 15% of physicians agreed with the statement that "MOC was worth the time and effort required of me."

In my community, any time a physician leaves, it causes a significant hardship for our patients. One excellent obstetrician left this state to work in another state where insurance companies are not demanding board certification or maintenance of certification. This is despite this doctor having a fully active and unrestricted Michigan medical license. Other doctors are retiring or quitting the practice of medicine altogether due to this injustice.

Board certification companies send a misleading and what I believe to be grossly false impression that their products produce quality physicians. There are reports that they gone so far as to intimidate and threaten organizations by falsely stating that patient's quality of care will be put at risk if doctors do not participate in their expensive, time consuming, and often clinically irrelevant programs, namely maintenance of certification.

Unlike the American Board of Medical Specialties, we physicians testifying on behalf of this legislation do not have resources available to dedicate to various lobbying efforts that push products such as this. We are depending on you to help us.

One physician described the American Board of Medical Specialties as a Mafia-like organization that has no power of its own but coerces insurance companies or hospitals into demanding their products. These questionable practices have led to lawsuits against the American Board of Medical Specialties.

Board certification may be of benefit for some doctors, but they can and should make that decision. The National Board of Clinical Medicine has its own board certification program and believes it is worthwhile. However, we believe it must be completely voluntary.

It is as simple as this: Michigan deserves better than to have unregulated private companies determine who can practice medicine in our state. Doctors with unrestricted medical licenses should be able to practice medicine in Michigan and should not be discriminated against if they choose not to participate in costly, private, unregulated companies. I ask this Committee to please pass this legislation on behalf of the patients in rural Northern Michigan whose care is being compromised to the point of life-threatening compromise, because we don't have physicians who are able to care for these patients. This legislation would stop the inappropriate interference in physician care by private organizations making millions of dollars with unproven products and misleading representation.

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